



First Steps Proposal 2004

MISSOURI ASSOCIATION

OF COUNTY

DEVELOPMENTAL DISABILITIES SERVICES

MACDDS History

In 2004, the Missouri Association for County Developmental Disabilities Services (MACDDS) will be celebrating 25 years of quality services for individuals with developmental disabilities. Many crossroads have been encountered and milestones achieved through the dedication of members to ensure quality community services and supports that provide choices and options for individuals with developmental disabilities.

The vision of MACDDS is to be an effective catalyst - shaping public policy and practice for people with disabilities. As such, our organization continually strives to seek or seize opportunities to offer services in new and innovative ways to enhance locally-based, person-centered services. Oftentimes this mindset results in new partnerships with state and local agencies that allows for flexible, cost effective service delivery while reducing family burden.

Our mission is dedicated to the promotion of county initiatives in developmental disabilities. Thus, the interest in securing a commitment to partner with the Department of Elementary and Secondary Education (DESE) in the provision of services through First Steps to children of families served by MACDDS member Senate Bill 40 boards.

Person-Centered Values

Quality community services and supports that provide choices and options for individuals with developmental disabilities.

Right to self-determination in decision-making at the community level.

Creativity and innovation in the provision of services and state-of-the-art supports to individuals with disabilities.

Service Delivery

Of the 84 Senate Bill 40 Boards in Missouri, half (42) are MACDDS members. In calendar year 2002, these 42 members had a tax levy income of \$48,741,706 for provision of services. These dollars (71% of the total revenue) were used to leverage an additional \$5.4 million in grant funding (8% of the total revenue) and another 21% in Medicaid match. This demonstrates the ability to manage resources wisely for more than an estimated 15,500 unduplicated consumers receiving our services.

Service coordination is a huge component of the services provided by many of our members, 17 of whom have intergovernmental agreements with the Missouri Department of Mental Health, Division of MRDD, to provide targeted case management services. This agreement allows MACDDS members an opportunity to blend local tax dollars with state Medicaid funds to draw additional federal resources into the state, thus allowing more individuals to be served.

Originally only two such agreements existed. As of August 2004, there are 17 targeted case management agreements with MACDDS member organizations (Boone, Buchanan, Cole, Cooper, Franklin, Greene, Jasper, Jefferson, Miller, Moniteau, Montgomery, Pettis, Pike, Platte, Saline, St. Francois and St. Louis City) and the Department of Mental Health, Division of MRDD. These agreements are testimony to the positive outcomes that can be achieved for families, communities, and state and local agencies through innovative partnerships.

Service coordination is a critical service and is most effective when provided locally. Our service coordinators link individuals to existing services and programs that promote independence and community integration, helping them

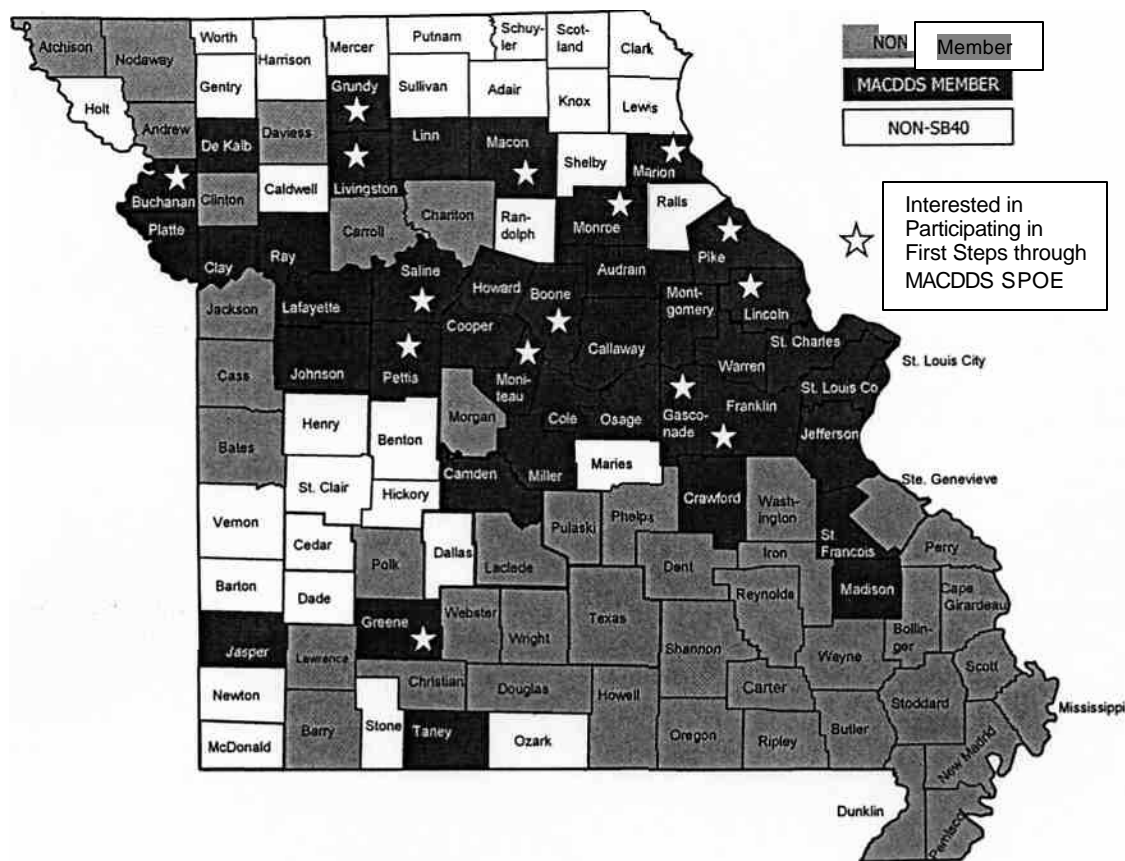
navigate the complex web of the service delivery system.

The map on the following page depicts the MACDDS membership, which includes the City of St. Louis, and identifies those members interested in providing First Steps services through a MACDDS System Point of Entry (SPOE). Additionally, 13 percent of existing MACDDS members were charter members and in 2002 approximately 35% of the members or contracting providers were CARF accredited, reflecting both commitment and quality.

Department of Mental Health, through intergovernmental agreements, has also authorized Senate Bill 40 boards to be Organized Health Care Delivery Systems (OHCDs). Key services provided by MACDDS members and other Senate Bill 40 boards include residential, transportation, children's services, day habilitation, service coordination, employment and a host of other services, to include ancillary supports (i.e., recreational activities, provision of equipment, payment of utilities, home repairs or modifications, etc.)

The membership meets monthly to address issues in the MACDDS strategic plan, improve services, influence policies and to share best practices. The organization is comprised of seven standing committees and numerous ad hoc committees and work groups.

"Boone County's targeted case management program began in 1989. Since that time, the program has grown from serving 99 individuals initially to over 1,200 and includes services to both children and adults. Over 70 percent of those served are under 18 and between 60-67 percent are Medicaid eligible."
-Les Wagner, Administrator
Boone County Group Homes and Family Support



Statement of Issue

There are multiple issues to be addressed around the First Steps program, the foremost being a need to contain costs in times of extreme budgetary constraints while not jeopardizing the quality of services. With funding shortfalls and the need for supplemental funding in years past, cost containment strategies are crucial for the future to maintain provision of services to the population in need.

Additionally, as the SICC captured in its meeting minutes, there are a number of priorities for Missouri as defined by the Office of Special Education Programs [OSEP], to include:

- a system of accountability and oversight to ensure high quality, family-centered services;

- provider availability
- provider training
- cost containment
- quality services

Throughout this proposal, MACDDS presents proposed solutions to help DESE address these issues. Following is an outline of proposed solutions.

Proposed Resolution

It is evident that MACDDS serves the population accessing First Steps services and that the member organizations/ agencies have the experience and capacity to provide quality services. The dilemma is an administrative issue, rather than one of service delivery.

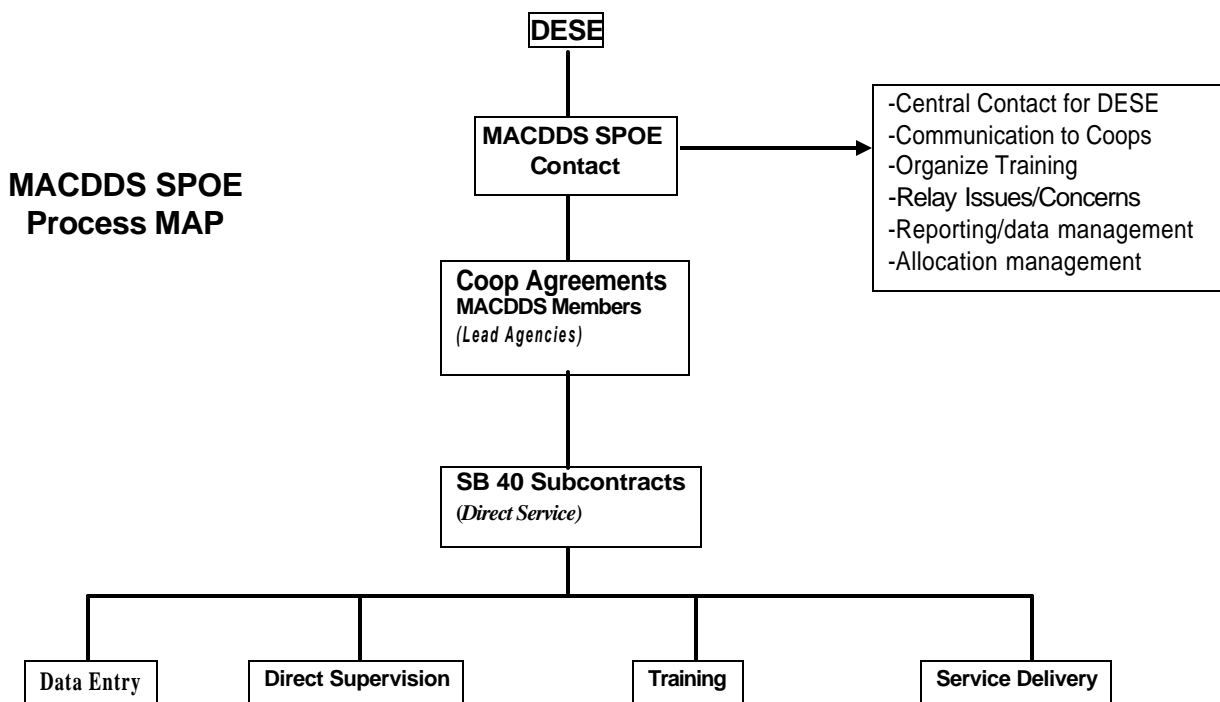
MACDDS proposes that DESE consider allowing interested MACDDS members to form a SPOE to provide oversight and accountability for the services provided by participating Senate Bill 40 Boards. All SPOE Request for Proposal (RFP) requirements will be met or exceeded. Local dollars may be invested with state funds to draw in additional federal matching dollars for Medicaid-eligible consumers, which in turn will generate additional revenue for the state. To aid the Department of Mental Health, Division of MRDD, with Maintenance of Effort for the First Steps program, local funds could be used to supplement state funds to draw additional federal matching dollar or to provide additional services (e.g., transportation).

The following process map illustrates how the concept might work. MACDDS, as a nonprofit 501 (c)(3), will be the SPOE, but will contract with an entity to serve as a single contact for communication between DESE and MACDDS counties

and other Senate Bill 40 boards regarding all aspects of operation of the SPOE.

The MACDDS SPOE contact will be responsible for all communication between DESE and the MACDDS counties/subcontractors (initially member organizations), and will be responsible for communicating training opportunities, relaying issues/concerns, reporting and managing data and managing the allocation of funds. As a quality assurance measure, the MACDDS SPOE contact will report to a MACDDS First Steps Workgroup, formed to assist with problem resolution, policy changes, and training.

Because there are a number of interested Senate Bill 40 Boards, some of whom are not MACDDS members, it is proposed that the MACDDS SPOE contact will contract with interested Senate Bill 40 boards through Cooperative Agreements similar to contracts DESE presently has in place



with Special Education Cooperatives. It is anticipated that 3-5 MACDDS members would fulfill the Coop role and would then subcontract with Senate Bill 40 boards interested in providing First Steps services. The subcontractors will provide direct service, direct supervision, recruit local providers, conduct and attend appropriate training and complete data entry.

Initially, it is anticipated that the Coops would subcontract with MACDDS members, but would then expand to other interested Senate Bill 40 boards and potentially counties without Senate Bill 40 boards. Although Coops will not be contiguous counties within the state, the service area of the Coops could potentially be contiguous counties.

Expected Outcomes and Improvements

Cost Effectiveness

In researching this concept, with existing interested MACDDS members, it is anticipated that the MACDDS SPOE will serve approximately 600 children (13.5%, more than 1 /7th of First Steps existing caseload) for a SPOE cost of \$750,000, or approximately \$1,250 per child. These costs are predicated on the Phase I SPOE RFP requirements and may require adjustment if additional expectations are included in the new RFP. We understand that funds for direct services to children served by the MACDDS SPOE will be allocated by DESE on a statewide per child basis.

The SPOE cost is based on family service coordination, including intake and ongoing service coordination. It is also anticipated that local county dollars may be used to supplement or enhance services previously described.

Quality

The quality of services will exceed or, at a minimum, be maintained at DESE requirements as many of MACDDS members are nationally accredited. All MACDDS members conduct consumer satisfaction surveys and could provide satisfaction data to DESE as part of the reporting process.

Enhanced Training

In addition to training offered by DESE, training and mentoring through local boards will be provided as many of them are already involved in the First Steps delivery system. Because services will be provided by MACDDS member organizations' personnel or subcontractors, First Steps requirements and guidelines as well as individual skills can be more closely monitored. The MACDDS SPOE contact will assist in coordinating consistent training across all participating Senate Bill 40 subcontractors.

Direct Supervision

Once again, because the services are delivered locally, there is greater control in the supervision of personnel and providers. Corrective action, training and education, and recognition for quality performance can all be addressed through personnel policies and procedures or through subcontract agreements. MACDDS members will have more leverage in dealing with issues of concern and tighter control over the quality and types of services performed/provided.

Adequate Personnel/Providers

Personnel shortages will be addressed locally through the existing employment base of MACDDS member organizations and their subcontracted providers. Because these service delivery systems are already in place, providers will be available. This is especially relevant as

OSEP has been concerned with the timeliness of service provision (within 45 days of referral).

Local Service Provision

Approximately 600 children will be provided comprehensive, quality, locally-based services. Any issues that arise for the family can be addressed locally with the family through the service coordinator. It is anticipated that if this proposal is approved, many Senate Bill 40 county boards will coop with other county boards (MACDDS members and non-members alike) as well as non-Senate Bill 40 counties, to ensure that more children receive quality services.

Benefits to MACDDS and Senate Bill 40 Boards

The following are just a few of the benefits to MACDDS members and Senate Bill 40 Boards in general:

- Ability to provide services locally with more flexibility.
- Ability to increase the number of individuals who will be able to access First Steps services.
- Ability to control costs and quality at the local level.
- Ability to use local tax levy resources to maximize state and federal funds.

Benefits to Department of Elementary and Secondary Education

The following are potential benefits for DESE should this proposal be implemented:

- Ability to partner with numerous service agencies through a single point of contact.
- Guaranteed provider base and adequate personnel to meet the needs of families.
- Improved quality of services as a result of tighter control through local provision of services.
- Contained costs as a result of local service delivery.
- An increase in the number of individuals being served as a result of local investment of funds.
- Timeliness of service delivery.
- Direct Medicaid billing - many MACDDS member organizations are authorized Medicaid billers for targeted case management and, therefore, can generate a savings through Medicaid billing.
- Families in rural areas will be better served through the Coop framework. MACDDS member organizations can provide incentives through the Coop to travel into rural areas.
- Continuity of services as a result of the local county tax revenue.